

Please read this information **CAREFULLY!**

STEPS TO TAKE

Becoming a Type B Limited Certified (LC) Child Care Provider

Thank you for your interest in becoming a Limited Certified child care provider with our agency. Please read and follow these steps very carefully, as you cannot be authorized to receive any payment until your certification process is **complete**, and the customer (parent that you are providing care for) is **eligible** for subsidized care! If you do not have a customer/parent, you **can not** be certified as a limited provider.

Step 1: OAC 5101:2-14 State rules and regulations govern Limited Certification. If you are interested in pursuing certification, you must first download and print for yourself a copy of these State rules and regulations at the following website:

www.franklincountyohio.gov/commissioners/jafs/vendor-childcare.cfm

Click on "5101:2-14 State Rules and Regulations for Type B Home Child Care"

Step 2: Complete the "Pre-Screening Form for Type B Limited Certified Candidates". Please be sure to print neatly and legibly. You must include date of birth and social security number for yourself and each adult living in your home.

Step 3: Return the completed Pre-Screening Form to: Child Care Certification, 345 E. Fifth Ave., Columbus, OH 43201.

Upon receipt of your registration form, screenings will be conducted through the Franklin County Municipal, Criminal, and Probate courts. You will be notified of the results. If you are approved through these screenings to continue the certification process,

Step 4: You will be referred to our vendor agency. Staff from that agency will give you direction on completing the 'Step 2' paperwork included in this packet, and continuing the process toward certification. **You and the parent will be required to attend a mandatory orientation class together.**

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As a Limited Certified (LC) provider, you are limited to providing care to ONE of two audiences: either the children of ONE non-relative, **OR**, the children of legal, legitimate relatives; Never Both. For the purposes of this program, State law considers a 'cousin' to be a non-relative.

You may choose for your home to Agency Inspected (AI) or Parent/Provider inspected (PPI).

Agency Inspected (AI) means our agency conducts one home inspection per year. Parent Provider Inspected (PPI) means home visits will be conducted only upon receipt of a complaint or suspicion.

Care provided prior to the completion of the certification process must be paid for by the customer (parent). State and Federal law requires the customer (parent) and provider live and maintain **separate** residences. Certification can not be approved when/if the customer and provider live together. The limited certification process can take 2-4 months.

Again, thank you for your interest in Limited Certification. If you have any questions or concerns, please feel free to contact the Child Care Certification unit at (614) 233-2501.

**Franklin County Department of Job and Family Services
PRE-SCREENING FORM FOR TYPE B LIMITED CERTIFICATION**

Please Print Clearly.

Provider/Applicant Name: _____ Date: _____

Street Address: _____

City, State: _____ Zip: _____

Landline Phone (required): _____ Alternate Phone: _____

Are you a Licensed **Treatment** Foster Home? ☐ YES ☐ NO

Primary Language: _____ Interpreter Needed? ☐ YES ☐ NO

Customer/Parent Name (required): _____ SS #: _____

	Name	Birth Date	SS #
Provider/Applicant			
HH Adult (Household Adult)			
HH Adult			
HH Adult			

I understand that this pre-screening is necessary in order to begin the process of Type B Limited Certification. All members of my household, including myself, must pass a FCDJFS screening. I understand that if any disqualifying offenses are found, I may not be permitted to continue the process. *See back of this form to view disqualifying offenses.*

Provider/Applicant Signature: _____

DO NOT WRITE BELOW THIS LINE

☐ You passed the pre-screenings. To begin the certification process, you and your customer must attend an orientation class together at Action for Children. If you are still interested, please call Action for Children at 224-0222 to schedule. You must contact Action for Children by _____. If you do not contact Action for Children by _____, you will be required to complete a new pre-screening. No payment can be made for services rendered prior to the completion of the certification process.

☐ You are not approved to continue the certification process. The screening conducted indicates that a disqualifying offense(s) exist on you and/or a member of your household's record. If you have questions please call 614-233-2501. The disqualifying offenses are listed on the back of this form.

Customer Eligibility Date: _____

Probate Court Screen Date: _____ Results: _____

Court View/Justice System Screen Date: _____

Provider/Applicant taken Health/Safety Class? ☐ YES ☐ NO Date: _____

Prohibited Offenses

HOMICIDE

- R.C. 2903.01 - Aggravated murder
- R.C. 2903.02 - Murder
- R.C. 2903.03 - Voluntary manslaughter
- R.C. 2903.04 - Involuntary manslaughter

ASSAULT

- R.C. 2903.11 - Felonious assault
- R.C. 2903.12 - Aggravated assault
- R.C. 2903.13 - Assault
- R.C. 2903.16 - Failing to provide for a functionally impaired person

MENACING

- R.C. 2903.15 - Permitting child abuse
- R.C. 2903.21 - Aggravated Menacing
- R.C. 2903.211 - Menacing by stalking
- R.C. 2903.22 - Menacing

PATIENT ABUSE

- R.C. 2903.34 - Patient abuse or neglect

KIDNAPPING AND RELATED ISSUES

- R.C. 2905.01 - Kidnapping
- R.C. 2905.02 - Abduction
- R.C. 2905.04 - Child Stealing (as this law existed prior to July 1, 1996)
- R.C. 2905.05 - Criminal child enticement

SEX OFFENSES

- R.C. 2907.02 - Rape
- R.C. 2907.03 - Sexual battery
- R.C. 2907.04 - Corruption of a minor
- R.C. 2907.05 - Gross sexual imposition
- R.C. 2907.06 - Sexual imposition
- R.C. 2907.07 - Importuning
- R.C. 2907.08 - Voyeurism
- R.C. 2907.09 - Public indecency
- R.C. 2907.09 - Public indecency
- R.C. 2907.12 - Felonious sexual penetration (as this former section of the law)
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.25 - Prostitution
- R.C. 2907.31 - Disseminating harmful material to juveniles
- R.C. 2907.32 - Pandering obscenity
- R.C. 2907.321 - Pandering obscenity involving a minor
- R.C. 2907.322 - Pandering sexually oriented matter involving a minor
- R.C. 2907.323 - Illegal use of a minor in nudity oriented material or performance

ARSON

- R.C. 2909.02 - Aggravated arson
- R.C. 2909.22 - Soliciting or providing support for act of terrorism
- R.C. 2909.23 - Making terroristic threat
- R.C. 2909.24 - Terrorism
- R.C. 2909.03 - Arson

ROBBERY AND BURGLARY

- R.C. 2911.01 - Aggravated robbery
- R.C. 2911.02 - Robbery
- R.C. 2911.11 - Aggravated burglary
- R.C. 2911.12 - Burglary

THEFT AND FRAUD

- R.C. 2913.02 - Theft; aggravated theft
- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession/sale of unauthorized cable television device

- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications device
- R.C. 2913.11 - Passing bad checks
- R.C. 2913.21 - Misuse of credit cards
- R.C. 2913.31 - Forgery; identification card
- R.C. 2913.32 - Criminal simulation
- R.C. 2913.40 - Medicaid fraud
- R.C. 2913.41 - Prima facie evidence of purpose to defraud
- R.C. 2913.42 - Tampering with records
- R.C. 2913.43 - Securing writings by deception
- R.C. 2913.44 - Personating an officer
- R.C. 2913.441 - Law enforcement emblem display
- R.C. 2913.45 - Defrauding creditors
- R.C. 2913.46 - Illegal use of food stamps/WIC program benefits
- R.C. 2913.47 - Insurance fraud
- R.C. 2913.48 - Worker's Compensation Fraud
- R.C. 2913.49 - Identity fraud

OFFENSES AGAINST THE FAMILY

- R.C. 2919.12 - Unlawful abortion
- R.C. 2919.22 - Endangering children
- R.C. 2919.23 - Interference with custody
- R.C. 2919.24 - Contributing to unruliness or delinquency of a child
- R.C. 2919.25 - Domestic violence

OFFENSES AGAINST PUBLIC ADMINISTRATION

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification

WEAPONS CONTROL

- R.C. 2923.12 - Carrying concealed weapons
- R.C. 2923.13 - Having a weapon while under disability
- R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
- R.C. 2923.01 - Conspiracy
- R.C. 2923.02 - Complicity, that relates to a crime specified in division 109.572.(a),(g)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572.(a),(g)

DRUG OFFENSES

- R.C. 2925.02 - Corrupting another w/drugs
- R.C. 2925.03 - Trafficking in drugs
- R.C. 2925.04 - Illegal manufacturing of drugs or cultivation of marijuana
- R.C. 2925.05 - Funding or drug or marijuana trafficking
- R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
- R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

OTHER

- R.C. 959.13 - Cruelty to animals
- R.C. 2905.11 - Extortion
- R.C. 3716.11 - Placing harmful objects in food or confection
- R.C. 2909.04 - Disrupting public service
- R.C. 2909.05 - Vandalism
- R.C. 2917.01 - Inciting to violence
- R.C. 2907.03 - Riot
- R.C. 2917.31 - Inducing panic
- R.C. 2921.03 - Intimidation
- R.C. 2921.34 - Escape
- R.C. 2921.35 - Aiding escape or resistance to authority
- R.C. 2927.12 - Ethnic intimidation
- R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs - OVI
(A second violation five years of the date of application for a licensure of employment.)

On an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

This is a prescribed form which must be used to meet the requirements of rule 5101: 2-14-11 of the Administrative Code.

OAC 5101: 2-14 Approved Additional County Requirements
For Certification of Home Child Care Providers

Effective: May 27, 2004

1. Rules of Construction

For the purpose of these state approved rules, unless otherwise specified, the term certified type B child care provider includes both professional and limited certification type B child care providers.

2. Prior Revocation Due to Safety Issue

FCDJFS may refuse to re-certify an applicant whose type B certification was previously revoked because FCDJFS determined that the applicant or the conditions in the type B certified home endangered the health, safety, or well being of children.

3. Prior Revocation Due to Safety Issues-Emergency/Substitute Caregiver

FCDJFS may refuse to approve as an emergency or substitute caregiver any individual who was previously certified as a type B child care provider, but whose type B certification was revoked because FCDJFS determined that the individual, or the conditions in the type B certified home endangered the health, safety, or well being of children.

4. Prior Revocation due to Provider Fraud

The FCDJFS may refuse to re-certify an applicant whose type B child care certificate was previously revoked due to improper or fraudulent child care billing practices.

5. Prior Revocation due to Provider Fraud

FCDJFS may refuse to approve as an emergency or substitute caregiver any individual who was previously a certified type B child care provider, but whose type B certificate was revoked due to improper or fraudulent child care practices.

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6. Landline Telephone

- A. An applicant for type B child care certification shall have a residential, land line telephone service in the applicant's permanent residence prior to being certified by FCDJFS as a type B child care provider.
- B. A certified type B child care provider must maintain residential, land line telephone service in the provider's permanent residence at all times.
- C. A cellular telephone does not meet the requirements of OAC 5101:2-14-20(D) or OAC 5101:2-14-58(AA).

7. Fire Inspection

Prior to receiving professional type B child care certification, or upon relocation to a new residence after obtaining professional type B certification, all professional certified type B homes shall pass a fire inspection conducted by an approved local fire inspector.

8. Child Restraint Law

The limited certified type B child care provider shall adhere to the state of Ohio's child restraint law when transporting children in care.

9. Transporting Children

The limited certified type B child care provider shall have a valid driver's license and insurance coverage, if she/he will be providing transportation to children in care.

Step 2

Do Not Return This Paperwork

Hold this paperwork to bring to your Orientation Class, where you will receive directions on “HOW” to complete each form.

Thank you in advance for your cooperation.

<input type="checkbox"/> Parent/Provider Inspected	<input type="checkbox"/> Agency Inspected (AI)	<input type="checkbox"/> In-Home Aide
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Purpose of Inspection:
☐ Initial Application ☐ Annual Compliance (AI only) ☐ Recertification ☐ Other (specify) _____

SECTION I- Identifying Information

Caretaker (Parent/Guardian) Information

Name of Caretaker (Parent/Guardian)		Social Security Number	
Address		City	Zip Code
Telephone Number (including area code)		County	

Provider Household Information

Name of Provider		Social Security Number		Date of Birth	
Address		City		Zip Code	
Telephone Number (including area code)		County			

Have you been a resident of Ohio for five years or longer? ☐ Yes ☐ No

List the people living in your household, including children, foster children, relatives and boarders.

First and Last Name	Social Security Number	Birth Date	Relationship to Applicant

Provider's relationship to child(ren) in care _____

Provider's relationship to caretaker of child(ren) in care _____

If this is a new application, have you ever held a Type B Home or In-Home Aide Certificate?
☐ Yes ☐ No If yes, what county: _____

Have you ever held a child care certificate/license or similar approval to care for children in another state?
☐ Yes ☐ No If yes, what state: _____

If yes, check all that apply:

- ☐ Type B Professional
- ☐ Type B Agency Inspected Limited
- ☐ Type B Parent/Provider Inspected Limited
- ☐ In-Home Aide Professional
- ☐ In Home Aide Limited

Was your certificate (check any that apply): ☐ Denied ☐ Revoked ☐ Terminated
☐ Withdrawn

SECTION III-

Health And Safety Requirements For Limited Certification

(This section must be completed by an agency representative or jointly by caretaker and provider.)

The caretaker and provider must jointly complete the following health and safety section for the home where child care will be provided. If the home is agency inspected, the agency representative shall also complete this section during the home visit. All requirements must be met before a provider will be issued a certificate by the county department of Job and Family Services (CDJFS). The person completing the report should indicate compliance with check marks in the appropriate boxes and by filling in the appropriate key code for each rule requirement listed on the left hand side of the report. NOTE: If the applicant is requesting an in-home aide certificate, the agency representative must complete this section for the caretaker's home.

HEALTH AND SAFETY CHECKLIST

Key Code	I = In Compliance N/V = Compliance Not Verified	O = Out of Compliance N/A = Not Applicable	P/V = Previously Verified
Compliance Item	Key	Comments	
5101:2-14-55 Application and Approval Requirements		<input type="checkbox"/> JFS 01642 "Application/Inspection for Type B Limited Certification" and interview with caretaker and provider Date: <input type="checkbox"/> JFS 01329 "Nonconviction Statement" completed for the provider and all adults in the home <input type="checkbox"/> Provider has been given a copy of the current rules: 5101:2-14-01, 11, 40 and 55 <input type="checkbox"/> BCII and FBI criminal records check completed for provider and all adults <input type="checkbox"/> JFS 01634 "Caretaker/Provider Agreement" completed (annually) Date: <input type="checkbox"/> Children and days of care verified <input type="checkbox"/> Record keeping requirements reviewed <input type="checkbox"/> Billing/payment procedures reviewed <input type="checkbox"/> Review of limited certification restrictions <input type="checkbox"/> No more than two children of in-home aide, number of children of aide:	
5101:2-14-58 Provider Qualifications and Responsibilities		<input type="checkbox"/> Provider is at least 18 years of age Date of birth: <input type="checkbox"/> JFS 01280 " Medical Statement For Type B Home and In-Home Aide Child Care Providers" completed Date: <input type="checkbox"/> Health and Safety training completed Date: <input type="checkbox"/> Inspection of home completed Date:	
5101:2-14-13 Training Requirements		<input type="checkbox"/> Provider currently trained in First Aid Exp date: <input type="checkbox"/> Provider currently trained in CPR Exp date:	

Compliance Item	Key	Comments
5101:2-14-58 Provider Qualifications and Responsibilities		<input type="checkbox"/> Maintains daily attendance record, signed by caretaker <input type="checkbox"/> Children's file are complete <input type="checkbox"/> JFS 01297 "Child Enrollment and Health Information" completed for each child - updated annually <input type="checkbox"/> JFS 01932 "Child Medical" for each child not enrolled in school (within 30 days). Updated every 13 months <input type="checkbox"/> JFS 01644 "Permission to Administer Medication" <input type="checkbox"/> All medication administration properly labeled <input type="checkbox"/> Medications are safely and properly stored <input type="checkbox"/> JFS 01299 "Incident/Injury Report" available, completed and filed <input type="checkbox"/> Notification to county in cases of serious injury, unusual incident or death <input type="checkbox"/> No use of corporal punishment, physical restraint or isolation <input type="checkbox"/> Recognizes, encourages and praises children <input type="checkbox"/> Communicates clearly and positively <input type="checkbox"/> Assists children with problem solving <input type="checkbox"/> Uses dev. appropriate behavior management practices <input type="checkbox"/> Consults appropriately with parents <input type="checkbox"/> Meals and snacks are varied, nutritious and appropriately timed <input type="checkbox"/> Food is prepared/served/stored in a clean and safe manner <input type="checkbox"/> Hot and cold running water <input type="checkbox"/> Water supply is safe and sanitary <input type="checkbox"/> No smoking in home while children are present <input type="checkbox"/> No smoking notice posted <input type="checkbox"/> Immediate access to working telephone on the premises <input type="checkbox"/> Provider conducts no activities or employment that interferes with child care
5101:2-14-07 Fire Safety Escape Routes: Basement exits Primary: _____ Secondary: _____ First Floor Primary: _____ Secondary: _____ Second Floor Primary: _____ Secondary: _____		<input type="checkbox"/> Primary and secondary escape routes <input type="checkbox"/> No space higher than the second floor of building used for child care <input type="checkbox"/> Window openings 5.7 sq. ft, more than 44"-stairs/platform {sq. ft.= length/inches x width/inches, divided by 144} <input type="checkbox"/> No space accessible only by ladder, folding stairs or trapdoor is used <input type="checkbox"/> All stairs, hallways and passages to exit are adequately lighted <input type="checkbox"/> Doorways, corridors, stairways are clear of obstructions <input type="checkbox"/> Written evacuation plan <input type="checkbox"/> Documentation of plan and log of practice drills <input type="checkbox"/> Proper storage of flammable/combustible materials <input type="checkbox"/> One working UL or FM smoke detector on each level of the home <input type="checkbox"/> At least one UL or FM portable fire extinguisher; one in kitchen (minimum rating of 1A:10BC) <input type="checkbox"/> One working UL or FM carbon monoxide detector on each level of the home <input type="checkbox"/> Nonflammable guards on heaters, no unprotected flames <input type="checkbox"/> Electrical connections in properly covered junction boxes <input type="checkbox"/> Childproof covers on electrical outlets <input type="checkbox"/> No exposed light bulbs
5101:2-14-08 Indoor Floor Space		Square footage available for child care: _____ <input type="checkbox"/> Thirty-five square feet per child of usable floor space <input type="checkbox"/> Placement of furniture and equipment ensures child safety and mobility. <input type="checkbox"/> Uninterrupted play space available.

Compliance Item	Key	Comments																																																		
5101:2-14-08 Programming		<input type="checkbox"/> Balanced program of activities/quiet and active play <input type="checkbox"/> Copy of daily program posted <input type="checkbox"/> Program designed to promote children's physical, socio-emotional, cognitive and language development <input type="checkbox"/> Daily outdoor or indoor gross motor activities <input type="checkbox"/> Opportunities for child initiated activities																																																		
5101:2-14-08 Equipment		<table border="1"> <thead> <tr> <th>EQUIPMENT</th><th>Inf</th><th>Tod</th><th>P/S</th><th>S/A</th></tr> </thead> <tbody> <tr><td>Art</td><td></td><td></td><td></td><td></td></tr> <tr><td>Blocks</td><td></td><td></td><td></td><td></td></tr> <tr><td>Language Arts/Auditory</td><td></td><td></td><td></td><td></td></tr> <tr><td>Dramatic Play/Pretend</td><td></td><td></td><td></td><td></td></tr> <tr><td>Gross Motor/Sports</td><td></td><td></td><td></td><td></td></tr> <tr><td>Manipulatives</td><td></td><td></td><td></td><td></td></tr> <tr><td>Music</td><td></td><td></td><td></td><td></td></tr> <tr><td>Science/Nature</td><td></td><td></td><td></td><td></td></tr> <tr><td>Transportation</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Equipment available in all categories <input type="checkbox"/> Sufficient quantities of equipment <input type="checkbox"/> Furniture durable and child sized <input type="checkbox"/> Play materials accessible and orderly <input type="checkbox"/> Equipment accessible to children, able to select, remove, replace <input type="checkbox"/> Individual storage for child's personal items	EQUIPMENT	Inf	Tod	P/S	S/A	Art					Blocks					Language Arts/Auditory					Dramatic Play/Pretend					Gross Motor/Sports					Manipulatives					Music					Science/Nature					Transportation				
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5101:2-14-17 Outdoor Play Daily outdoor play provided in suitable weather		Equipment <input type="checkbox"/> Out of traffic pattern <input type="checkbox"/> Anchored or stable <input type="checkbox"/> All parts in working order <input type="checkbox"/> Ropes attached at both ends (< 5" diam. loop or less) <input type="checkbox"/> "S" hooks closed (.04 or thickness of dime) <input type="checkbox"/> Free of rust, cracks, holes splinters, sharp points or edges <input type="checkbox"/> No chipped/peeling paint or toxic substances <input type="checkbox"/> No protruding bolts or tripping hazards <input type="checkbox"/> No trampolines permitted <input type="checkbox"/> Protective barriers on platforms over 30" <input type="checkbox"/> Assembled/Installed according to manufacturer's guidelines <input type="checkbox"/> Sandboxes covered when not in use																																																		
Outdoor play area provides at least 60 sq. ft of usable space per child using the area at one time																																																				
Outdoor play area protected by a fence in good repair with functioning gates or a natural barrier																																																				
Children provided with access to drinking water and bathroom facilities during play times																																																				
Shade provided as needed																																																				
Outdoor play area free of rubbish, foreign objects, garbage, hazards																																																				
Climbing equipment, swings, teeter-totters and slides have a fall zone of protective resilient material under and around equipment																																																				
5101:2-14-18 Napping		<input type="checkbox"/> Individual bed, cot, sofa, pad or mat for each resting child <input type="checkbox"/> No children directly on floor <input type="checkbox"/> Mats or pads/floor carpeted, clean, warm, dry, draft free																																																		
5101:2-14-18 Sleeping and Overnight Care		<input type="checkbox"/> Children in care between 7:00 pm and 6:00am <input type="checkbox"/> Individual crib, cot mattress or bed and blankets for each child <input type="checkbox"/> Safe, sanitary and private area for washing and changing <input type="checkbox"/> Provider remains awake until all children asleep <input type="checkbox"/> Monitoring device to ensure sight or hearing <input type="checkbox"/> Children sleeping four hours or more have clean, comfortable sleeping garments																																																		

Compliance Item	Key	Comments															
5101:2-14-19 Safe and Sanitary Equipment and Environment		Safe <input type="checkbox"/> Firearms onsite locked and out of sight <input type="checkbox"/> No broken or unsafe equipment <input type="checkbox"/> No hazardous conditions <input type="checkbox"/> No toys small enough to swallow <input type="checkbox"/> Cleaning supplies and storage/labeling <input type="checkbox"/> Pets inoculated and properly cared for <input type="checkbox"/> Electrical outlet covers <input type="checkbox"/> Blind cords, electrical cords secure <input type="checkbox"/> Lawnmowers not used or accessible <input type="checkbox"/> Proper ventilation <input type="checkbox"/> Handles of pots facing inward on stove <input type="checkbox"/> Safe use of equipment <input type="checkbox"/> No environmental hazards <input type="checkbox"/> Hot tubs or spas not used or accessible															
		Sanitary <input type="checkbox"/> Toilet tissue, liquid soap, toweling available for handwashing <input type="checkbox"/> Toilets flushed after use <input type="checkbox"/> Home and equipment clean and in good repair															
5101:2-14-20 Safety and Supervision of Children		<input type="checkbox"/> Children supervised at all times (within sight or hearing) <input type="checkbox"/> Provider not under the influence that impairs ability to perform duties <input type="checkbox"/> Outdoor supervision requirements met <input type="checkbox"/> Water play and swimming supervision requirements met															
Provider schedules a six hour break each day from child care																	
5101:2-14-29 First Aid Supplies and Procedures Supplies Complete		<input type="checkbox"/> Tweezers <input type="checkbox"/> Digital thermometer <input type="checkbox"/> Assorted adhesive bandages <input type="checkbox"/> Assorted gauze squares <input type="checkbox"/> First Aid tape <input type="checkbox"/> Rolled gauze bandage <input type="checkbox"/> Instant cold pack or ice <input type="checkbox"/> Disposable non-latex gloves <input type="checkbox"/> Pocket mask or face shield for CPR, (appropriate for all ages of children served at the home) <input type="checkbox"/> Working flashlight <input type="checkbox"/> Sealable plastic bags <input type="checkbox"/> Tooth preservation system or fresh chilled milk (homes serving S/A only) <input type="checkbox"/> A current guide to emergency first aid <input type="checkbox"/> Soap (fieldtrips/routine trips only) <input type="checkbox"/> Bottled water (fieldtrips/routine trips only)															
Supplies in an closed, unlocked first aid container that is readily available, but out of reach of children																	
First aid kit taken on field trips and routine trips																	
Basic precautions followed																	
5101:2-14-30 Management of Communicable Disease		<input type="checkbox"/> Provider observes children for signs of communicable illness prior to mixing with other children <input type="checkbox"/> Ill children isolated in sight or hearing, but away from other children <input type="checkbox"/> Communicable Disease Chart posted <input type="checkbox"/> Caretakers notified when child has been exposed to a communicable illness															
5101:2-14-32 Meal Preparation/Nutritional Requirements Meals and snacks are varied, nutritious and appropriately timed		<table border="0"> <tr> <td><input type="checkbox"/> Breakfast Served</td> <td><input type="checkbox"/> Lunch/Dinner Served</td> <td><input type="checkbox"/> Snack Served</td> </tr> <tr> <td>Fluid Milk</td> <td>Fluid Milk</td> <td>Two foods</td> </tr> <tr> <td>Fruit/vegetable</td> <td>Meat/meat alternative.</td> <td>from two food</td> </tr> <tr> <td>Grain</td> <td>2 Fruit/Vegetable</td> <td>groups</td> </tr> <tr> <td></td> <td>Grain/Bread</td> <td></td> </tr> </table>	<input type="checkbox"/> Breakfast Served	<input type="checkbox"/> Lunch/Dinner Served	<input type="checkbox"/> Snack Served	Fluid Milk	Fluid Milk	Two foods	Fruit/vegetable	Meat/meat alternative.	from two food	Grain	2 Fruit/Vegetable	groups		Grain/Bread	
<input type="checkbox"/> Breakfast Served	<input type="checkbox"/> Lunch/Dinner Served	<input type="checkbox"/> Snack Served															
Fluid Milk	Fluid Milk	Two foods															
Fruit/vegetable	Meat/meat alternative.	from two food															
Grain	2 Fruit/Vegetable	groups															
	Grain/Bread																
Children are fed required meals																	
Food is prepared, served and stored in a clean and safe manner																	
Current weekly menu is posted																	

Compliance Item	Key	Comments
Hot and cold running water available		Temp of hot water _____
Water supply is safe and sanitary, date last tested: _____		Temp of refrigerator _____
5101:2-14-21 Transportation and Field Trip Safety		<input type="checkbox"/> Written permission for routine trips or field trips <input type="checkbox"/> JFS 01297 "Child Enrollment/Health Information" taken for every child <input type="checkbox"/> JFS 01928 "Medical/Physical Care Plan" taken for children who may require care <input type="checkbox"/> First aid supplies <input type="checkbox"/> Working cell phone or other means of immediate communication <input type="checkbox"/> Provider has valid driver's license and verified insurance coverage <input type="checkbox"/> Approved child restraint systems used <input type="checkbox"/> No children under 12 years old in the front seat <input type="checkbox"/> No smoking in vehicle when occupied by children
Permission forms complete		<input type="checkbox"/> Child's name <input type="checkbox"/> Destination (and date for field trips) <input type="checkbox"/> Caretaker's signature and date <input type="checkbox"/> Notification if children will have access to bodies of water 2 ft or more in depth
5101:2-14-37 Swimming and Water Safety		<input type="checkbox"/> Onsite swimming pools inaccessible to children by fence or barrier <input type="checkbox"/> Saunas, hot tubs, spas inaccessible to children and not used by children <input type="checkbox"/> Swimming permitted in water 2 ft in depth or less <input type="checkbox"/> Wading pools filtered or emptied and sanitized daily <input type="checkbox"/> Provider supervises at all time with a clear view of all parts of pool and surrounding areas where children are playing <input type="checkbox"/> Approved off-site swim sites meet all state/local guidelines for health <input type="checkbox"/> Activities in water 2 ft or more in depth supervised by lifeguard or WSI <input type="checkbox"/> No swimming activities in lakes, rivers, ponds, creeks or similar bodies <input type="checkbox"/> Written permission from caretaker before swimming or infants/toddlers in wading pools
Permission forms complete		<input type="checkbox"/> Child's name and date of birth <input type="checkbox"/> Statement indicating if child is swimmer or non-swimmer <input type="checkbox"/> Location of off site swimming <input type="checkbox"/> Statement granting permission for child to participate
5101:2-14-27 Care of Children with Special Needs or Health Conditions		<input type="checkbox"/> JFS 01928 "Medical/Physical Care Plan" on file for children w/special needs or health conditions <input type="checkbox"/> Plan updated at least annually and as needed <input type="checkbox"/> Provider has received training as needed

Compliance Item	Key	Comments												
5101:2-14-34 Infant Care Infants allowed to safely and comfortably sit, crawl, toddle, walk and play		Storage/Preparation <input type="checkbox"/> Bottles labeled with name and date of preparation <input type="checkbox"/> Refrigerated upon arrival (unless commercially prepared) <input type="checkbox"/> Formula and food labeled w/name and when prepared, discarded according to manufacturer's instructions, sent home daily <input type="checkbox"/> Formula/food expiration dates verified <input type="checkbox"/> Breast milk: labeled w/date expressed and date of receipt. Stored appropriately.												
Designated play area which does not allow infants to go underneath cribs		<table border="1"> <thead> <tr> <th>Storage Temperature (at or below)</th><th>Storage Time</th></tr> </thead> <tbody> <tr> <td>Room temp (78F)</td><td>6-8 hrs</td></tr> <tr> <td>Refrigerator (39F)</td><td>5 days (expressed)</td></tr> <tr> <td>Freezer w/in refrigerator (5F)</td><td>2 weeks</td></tr> <tr> <td>Freezer/refrigerator w/separate door (0F)</td><td>3-6 months</td></tr> <tr> <td>Deep freeze (-4F)</td><td>6-12 months</td></tr> </tbody> </table>	Storage Temperature (at or below)	Storage Time	Room temp (78F)	6-8 hrs	Refrigerator (39F)	5 days (expressed)	Freezer w/in refrigerator (5F)	2 weeks	Freezer/refrigerator w/separate door (0F)	3-6 months	Deep freeze (-4F)	6-12 months
Storage Temperature (at or below)	Storage Time													
Room temp (78F)	6-8 hrs													
Refrigerator (39F)	5 days (expressed)													
Freezer w/in refrigerator (5F)	2 weeks													
Freezer/refrigerator w/separate door (0F)	3-6 months													
Deep freeze (-4F)	6-12 months													
Caretakers provided with written daily report which includes: food intake, sleep, diaper changes and daily activities														
Infants removed from crib for feeding, infants held or fed sitting up, no bottles propped														
Caretakers provide written feeding instructions														
Formula/breast milk prepared/stored and handled appropriately		<input type="checkbox"/> Formula/breast milk heated properly-no microwaves <input type="checkbox"/> Formula prepared according to manufacturer's instructions or MD/CNP <input type="checkbox"/> Formula preparation safe and sanitary <input type="checkbox"/> Microwaves used properly for foods												
5101:2-14-35 Diaper Care														
Diapers checked every two hours		<input type="checkbox"/> Wash all soiled areas of child <input type="checkbox"/> Hands washed with liquid soap/running water/15 sec. after each diaper change <input type="checkbox"/> Disposable separation material <input type="checkbox"/> Diaper changing surface cleaned if visibly soiled <input type="checkbox"/> Surface sanitized after each diaper changed <input type="checkbox"/> Soiled clothing bagged and sent home <input type="checkbox"/> Covered, plastic lined, receptacle that prevents hand contamination and is not accessible to children <input type="checkbox"/> Wipes/washcloths discarded, or proper sanitized and laundered <input type="checkbox"/> Diapers are changed away from meal preparation and serving areas <input type="checkbox"/> Child not left unattended on changing table												
Children not left unattended on changing table														
Toilet training is based on child's readiness, is in consultation with caretaker and is never forced														
5101:2-14-36 Crib and Playpen Requirements														
Each infant has a separate crib		# Porta Cribs _____ # Full Size _____ # Playpen _____ <input type="checkbox"/> Full size crib- dimensions (52"L x 28"W x 26"H) <input type="checkbox"/> Closely spaced bars (2 3/8") <input type="checkbox"/> No more than 1 1/2 inches between mattress and sides <input type="checkbox"/> Firm mattress at least 1 1/2 inches thick, playpen no more than 1" thick <input type="checkbox"/> Safe, waterproof mattress cover that can be sanitized <input type="checkbox"/> Properly fitting sheets <input type="checkbox"/> Bumper pads not in use <input type="checkbox"/> Items not hung over the side of the crib or playpen <input type="checkbox"/> Cribs/playpens sanitized between children <input type="checkbox"/> Infants not placed in crib with bibs or other strangulation or suffocation hazards <input type="checkbox"/> Cribs or playpens not used for storage of toys or other materials												
Infants placed on backs to sleep, unless written authorization is on file from physician (JFS 01930)														
Infants sleep only in cribs or playpens														
Written permission of file for 16 mo + infant to sleep on cot														
Additional Comments:														

SECTION IV- Provider's Assurances for Limited Certification

Please read each statement, check each box to indicate agreement and sign.

- ☐ I understand that the county staff will inform me about payment rates, schedules and billing /invoice requirements.
- ☐ I understand that it is my responsibility to maintain compliance with the rules governing certification of a Type B Family Child Care Limited Certified Home or Limited In-Home Aide.
- ☐ I verify that my home meets the minimum health and safety requirements as specified in the rules and on this form. I agree that all information given is true and correct. I understand that falsification of any information my result in denial or revocation of my certificate.
- ☐ I understand that being approved as a provider of child care services, I am liable for the safety and health of all children in my care.
- ☐ I understand I must submit a new application form after voluntary withdrawal from certification and when seeking certification after denial or revocation of a certificate.
- ☐ My fingerprints have been submitted electronically to the Bureau of Criminal Identification and Investigation (BCII) for processing for an Ohio BCII and a Federal Bureau of Investigation (FBI) criminal records check.
- ☐ I have submitted information necessary for the PCSA to conduct an abuse or neglect registry search for myself and all other adult residents in my home.
- ☐ I verify that I am physically, intellectually, and emotionally capable of complying with Chapter 5101:2-14 of the Ohio Administrative Code and performing activities normally related to child care.

Signature of Provider

Date

SECTION V- Parent's Assurances for Limited Certification

Please read each statement, check each box to indicate agreement and sign.

- ☐ I understand that I am responsible for placing my child with this provider.
- ☐ I have inspected this provider's home and verify that it meets the minimum health and safety requirements as specified in the rules and this form.

Signature of Parent

Date

☐ N/A

This provider is
agency inspected (AI)

Signature of Worker Completing Inspection

FOR AGENCY USE ONLY:

Agency Representative	Date Completed Form Received	Date of Office Visit	Date of Home Visit
Date BCII Records Check Submitted	Date FBI Records Check Submitted	Date PCSA Report Requested	
Date BCII Records Check Results Verified	Date FBI Records Check Results Verified	Date PCSA Results Received	

This form meets the requirements of Chapter 5101:2-14 of the Administrative Code.

Distribution: Original to county, copy to provider.

Child Care Home Safety Acknowledgment & Provider Inquiry

In order to be qualified to receive reimbursement for child care services under the Child Care Limited Certified provider program, I understand that my home must meet the minimum safety requirements by having the following:

- A smoke detector installed and in working order on each level of my home (basement included)
- An approved fire extinguisher in working order located in my kitchen
- Safety caps placed in all exposed electrical outlets
- Assorted first aid supplies which may include: adhesive tape, gauze squares, band aids, tweezers, 1/3 cup of powdered milk (for dental first aid), and a first aid guide.

(Parent Signature)

(Provider Signature)

What is the provider's relationship to the parent or child? _____

List **EVERYONE** who lives in the provider's home, including yourself.

Name	DOB	SSN	Relationship to Provider
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you (provider) employed or in a school/training program outside the home? Y/N

If yes, where (name of work/school/training)? _____

What days and hours are you involved in this activity? _____

Did you and everyone else (18 yrs +) living in your home, read and sign a child day care conviction statement? If you need additional child day care conviction statements, please immediately call 233-2501 to have more mailed or you may pick them up at our location at the North Community Opportunity Center, Child Care Certification Unit, 345 E. 5th Ave. Columbus, Ohio 43201.

As the provider, you are responsible for maintaining compliance with the laws and rules under the Limited Type B Certification program. Falsifying any information within this packet may result in the denial or revocation of your certification.

Ohio Department of Job and Family Services
Request for Child Abuse and Neglect Report Information

Provider

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordance with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

Child Care Provider Information *(please print)*

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CDJFS to determine if you can provide safe and healthy care for children.

Full Name of Child Care Provider (Last name, First name, Middle name or Initial)	Maiden Name, Previous Name or alias (if applicable)	Date of Birth
Home Address of Provider	City State Zip Code	Social Security Number*
Provider Vendor#	Provider Type B - Limited or Professional?	
Signature of the Provider		Date of Signature
Full Name of Emergency Caregiver N/A	Maiden Name, Previous Name or Alias (if applicable) N/A	Date of Birth N/A
Home Address of Emergency Caregiver N/A		Social Security Number* N/A
Signature of Emergency Caregiver N/A		Date of Signature N/A
Full Name of Other Household Adult N/A	Maiden Name, Previous Name or Alias (if applicable) N/A	Date of Birth N/A
Home Address of Other Household Adult N/A		Social Security Number* N/A
Signature of the Other Household Adult N/A		Date of Signature N/A
Full Name of ALL Children: Biological and Step-Children; Living or Deceased; Whether or not they live with you.		
Full Name	Date of Birth	Social Security Number*
Signature (if applicable)	Date of Signature	

Ohio Department of Job and Family Services
Request for Child Abuse and Neglect Report Information

Provider

IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION <i>(please print)</i>		
Name of County Staff Donna Fahy, WPS	County Agency Name Franklin County Job and Family Services	Date Sent to PCSA
Signature of County Staff Donna Fahy, WPS		Telephone Number (614) 233-2501
Address of County Staff (form will be returned to this address) 345 East 5th Ave. Columbus, Oh 43201		E-mail Address wdmffb@cdjfs.franklincountyohio.gov
INFORMATION FROM PCSA REVIEWER <i>(please print)</i>		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to County Staff

*The social security number will be used only for purposes of administering the state's publicly funded child care program. The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social security number. The verification must be kept in the case file, do not attach social security number verification information with this form.

**Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.

STATEMENT OF NONCONVICTION FOR TYPE B HOMES AND IN-HOME AIDES

This statement must be signed by every: certified type B home provider, emergency and substitute caregivers and all persons 18 years of age and older who reside in a type B home. This statement must be kept on file at the home or County Department of Job and Family Services (CDJFS).

Name (please print or type)

☐

I hereby attest that I have never been convicted of or pleaded guilty to crimes set forth in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code and that no child has been removed from my home as described in section 2151.353 of the Revised Code.

Signature of Person Completing Form

Date

Street Address

City

State

Zip Code

Telephone Number

☐

I am unable to sign the statement above because I have had a child removed from my home as described in section 2151.353 of the Revised Code.

☐

I am unable to sign the statement above because I have been convicted of a crime included in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.

☐

I have reviewed the rehabilitation requirements of rule 5101:2-14-11 of the Administrative Code, and have determined that person named above meets the rehabilitation requirements. The attached documents verify that the requirements for rehabilitation have been met.

CDJFS Worker Signature

Date

Note: Anyone who withholds information from, or falsifies information on this statement is guilty of falsification, a misdemeanor of the first degree. If the offender is an a type B home provider or an in home aide the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification. If the offender is an employee of a center or type A home, or is a person eighteen years of age or older who resides in a type A or type B home or is an emergency or substitute caregiver, and if the owner or licensee had knowledge of, and acquiesced in the commission of the offense, the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification.

Note: effective June 1, 2008 all civilian background checks must be submitted electronically through use of WebCheck or other approved methods. More information can be found at: www.webcheck.ag.state.oh.us.

The county child care worker for the type B home or in-home aide is required to sign and date below verifying that fingerprints have been electronically submitted to the Ohio Bureau of Criminal Identification and Investigation (BCII), or mailed if electronic processing exemption criteria are met.

A criminal records check for the above named individual was requested on (date) _____

☐ Ohio BCII records check☐ Federal Bureau of Investigation (FBI) records check (please check)

Signature of CDJFS worker

Date

The certified provider of a type B home must sign the following statement: I hereby attest that no one who resides in my home and who is under eighteen years of age has been adjudicated a delinquent child for committing a violation of any offense listed in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.

Signature

Date

▼ TO BE SIGNED BY THE COUNTY CHILD CARE WORKER

I have reviewed the results of this person's criminal records check on the following dates: _____ Ohio BCII records check, _____ FBI records check. Section 109.572 (A) of the Revised Code requires the results of these records checks to be reviewed and approved by the CDJFS worker prior to certification of the type B home or in-home aide.

Signature of CDJFS worker

Date

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Prohibited Offenses

Homicide

- R.C. 2903.01 - Aggravated murder
- R.C. 2903.02 - Murder
- R.C. 2903.03 - Voluntary manslaughter
- R.C. 2903.04 - Involuntary manslaughter

Assault

- R.C. 2903.11 - Felonious assault
- R.C. 2903.12 - Aggravated assault
- R.C. 2903.13 - Assault
- R.C. 2903.16 - Failing to provide for a functionally impaired person

Menacing

- R.C. 2903.15 - Permitting child abuse
- R.C. 2903.21 - Aggravated menacing
- R.C. 2903.211 - Menacing by stalking
- R.C. 2903.22 - Menacing

Patient abuse and neglect

- R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues

- R.C. 2905.01 - Kidnapping
- R.C. 2905.02 - Abduction
- R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
- R.C. 2905.05 - Criminal child enticement

Sex offenses

- R.C. 2907.02 - Rape
- R.C. 2907.03 - Sexual battery
- R.C. 2907.04 - Corruption of a minor
- R.C. 2907.05 - Gross sexual imposition
- R.C. 2907.06 - Sexual imposition
- R.C. 2907.07 - Importuning
- R.C. 2907.08 - Voyeurism
- R.C. 2907.09 - Public indecency
- R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.25 - Prostitution
- R.C. 2907.31 - Disseminating matter harmful to juveniles
- R.C. 2907.32 - Pandering obscenity
- R.C. 2907.321 - Pandering obscenity involving a minor
- R.C. 2907.322 - Pandering sexually oriented matter involving a minor
- R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

- R.C. 2909.02 - Aggravated arson
- R.C. 2909.22 - Soliciting or providing support for act of terrorism
- R.C. 2909.23 - Making terroristic threat
- R.C. 2909.24 - Terrorism
- R.C. 2909.03 - Arson

Robbery and Burglary

- R.C. 2911.01 - Aggravated robbery
- R.C. 2911.02 - Robbery
- R.C. 2911.11 - Aggravated burglary
- R.C. 2911.12 - Burglary

Theft and Fraud

- R.C. 2913.02 - Theft; aggravated theft
- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession or sale of unauthorized cable television device

- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications
- R.C. 2913.11 - Passing bad checks
- R.C. 2913.21 - Misuse of credit cards
- R.C. 2913.31 - Forgery; identification card
- R.C. 2913.32 - Criminal simulation
- R.C. 2913.40 - Medicaid fraud
- R.C. 2913.41 - Prima facie evidence of purpose to defraud
- R.C. 2913.42 - Tampering with records
- R.C. 2913.43 - Securing writings by deception
- R.C. 2913.44 - Personating an officer
- R.C. 2913.441 - Law Enforcement emblem display
- R.C. 2913.45 - Defrauding creditors
- R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
- R.C. 2913.47 - Insurance fraud
- R.C. 2913.48 - Worker's compensation fraud
- R.C. 2913.49 - Identity fraud

Offenses against the family

- R.C. 2919.12 - Unlawful abortion
- R.C. 2919.22 - Endangering children
- R.C. 2919.23 - Interference with custody
- R.C. 2919.24 - Contributing to unruliness or delinquency of a child
- R.C. 2919.25 - Domestic violence

Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification

Weapons control

- R.C. 2923.12 - Carrying a concealed weapon
- R.C. 2923.13 - Having a weapon while under disability
- R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
- R.C. 2923.01 - Conspiracy
- R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A) (9)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A) (9)

Drug offenses

- R.C. 2925.02 - Corrupting another with drugs
- R.C. 2925.03 - Trafficking in drugs
- R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
- R.C. 2925.05 - Funding of drug or marijuana trafficking
- R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
- R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

- R.C. 959.13 - Cruelty to animals
- R.C. 2905.11 - Extortion
- R.C. 3716.11 - Placing harmful objects in food or confection
- R.C. 2909.04 - Disrupting public services
- R.C. 2909.05 - Vandalism
- R.C. 2917.01 - Inciting to violence
- R.C. 2917.02 - Aggravated riot
- R.C. 2917.03 - Riot
- R.C. 2917.31 - Inducing panic
- R.C. 2921.03 - Intimidation
- R.C. 2921.34 - Escape
- R.C. 2921.35 - Aiding escape or resistance to authority
- R.C. 2927.12 - Ethnic intimidation
- R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs — OVI. (A second violation within five years of the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Ohio Department of Job and Family Services
Request for Child Abuse and Neglect Report Information

Household Adult

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordance with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

Child Care Provider Information *(please print)*

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CDJFS to determine if you can provide safe and healthy care for children.

Full Name of Child Care Provider * (Last name, First name, Middle name or initial)	Maiden Name, Previous Name or alias (if applicable)	Date of Birth		
Home Address of Provider	City	State	Zip Code	Social Security Number*
Provider Vendor#	Provider Type B - Limited or Professional?			
Signature of the Provider				Date of Signature
Full Name of Emergency Caregiver	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
N/A	N/A	N/A		
Home Address of Emergency Caregiver				Social Security Number*
N/A				N/A
Signature of Emergency Caregiver				Date of Signature
N/A				N/A
Full Name of Other Household Adult	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
Home Address of Other Household Adult	City	State	Zip Code	Social Security Number*
Signature of the Other Household Adult				Date of Signature
Full Name of ALL Children: Biological and Step Children; Living or Deceased; Whether or not they live with you.				
Full Name	Date of Birth	Social Security Number*	Signature (if applicable)	Date of Signature

Ohio Department of Job and Family Services
Request for Child Abuse and Neglect Report Information

Household Adult

IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION <i>(please print)</i>		
Name of County Staff Donna Fahy, WPS	County Agency Name Franklin County Job and Family Services	Date Sent to PCSA
Signature of County Staff Donna Fahy, WPS		Telephone Number (614) 233-2501
Address of County Staff (form will be returned to this address) 345 East 5th Ave. Columbus, Oh 43201		E-mail Address wdmffb@fcdjfs.franklincountyohio.gov
INFORMATION FROM PCSA REVIEWER <i>(please print)</i>		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to County Staff

*The social security number will be used only for purposes of administering the state's publicly funded child care program. The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social security number. The verification must be kept in the case file, do not attach social security number verification information with this form.

**Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.

STATEMENT OF NONCONVICTION FOR TYPE B HOMES AND IN-HOME AIDES

This statement must be signed by every: certified type B home provider, emergency and substitute caregivers and all persons 18 years of age and older who reside in a type B home. This statement must be kept on file at the home or County Department of Job and Family Services (CDJFS).

Name (please print or type)

☐

I hereby attest that I have never been convicted of or pleaded guilty to crimes set forth in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code and that no child has been removed from my home as described in section 2151.353 of the Revised Code.

Signature of Person Completing Form

Date

Street Address

City

State

Zip Code

Telephone Number

☐

I am unable to sign the statement above because I have had a child removed from my home as described in section 2151.353 of the Revised Code.

☐

I am unable to sign the statement above because I have been convicted of a crime included in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.

☐

I have reviewed the rehabilitation requirements of rule 5101:2-14-11 of the Administrative Code, and have determined that person named above meets the rehabilitation requirements. The attached documents verify that the requirements for rehabilitation have been met.

CDJFS Worker Signature

Date

Note: Anyone who withholds information from, or falsifies information on this statement is guilty of falsification, a misdemeanor of the first degree. If the offender is an a type B home provider or an in home aide the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification. If the offender is an employee of a center or type A home, or is a person eighteen years of age or older who resides in a type A or type B home or is an emergency or substitute caregiver, and if the owner or licensee had knowledge of, and acquiesced in the commission of the offense, the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification.

Note: effective June 1, 2008 all civilian background checks must be submitted electronically through use of WebCheck or other approved methods. More information can be found at: www.webcheck.ag.state.oh.us.

The county child care worker for the type B home or in-home aide is required to sign and date below verifying that fingerprints have been electronically submitted to the Ohio Bureau of Criminal Identification and Investigation (BCII), or mailed if electronic processing exemption criteria are met.

A criminal records check for the above named individual was requested on (date) _____

☐ Ohio BCII records check☐ Federal Bureau of Investigation (FBI) records check (please check)

Signature of CDJFS worker

Date

The certified provider of a type B home must sign the following statement: I hereby attest that no one who resides in my home and who is under eighteen years of age has been adjudicated a delinquent child for committing a violation of any offense listed in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.

Signature

Date

▼ TO BE SIGNED BY THE COUNTY CHILD CARE WORKER

I have reviewed the results of this person's criminal records check on the following dates: _____ Ohio BCII records check, _____ FBI records check. Section 109.572 (A) of the Revised Code requires the results of these records checks to be reviewed and approved by the CDJFS worker prior to certification of the type B home or in-home aide.

Signature of CDJFS worker

Date

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Prohibited Offenses

Homicide

- R.C. 2903.01 - Aggravated murder
- R.C. 2903.02 - Murder
- R.C. 2903.03 - Voluntary manslaughter
- R.C. 2903.04 - Involuntary manslaughter

Assault

- R.C. 2903.11 - Felonious assault
- R.C. 2903.12 - Aggravated assault
- R.C. 2903.13 - Assault
- R.C. 2903.16 - Failing to provide for a functionally impaired person

Menacing

- R.C. 2903.15 - Permitting child abuse
- R.C. 2903.21 - Aggravated menacing
- R.C. 2903.211 - Menacing by stalking
- R.C. 2903.22 - Menacing

Patient abuse and neglect

- R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues

- R.C. 2905.01 - Kidnapping
- R.C. 2905.02 - Abduction
- R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
- R.C. 2905.05 - Criminal child enticement

Sex offenses

- R.C. 2907.02 - Rape
- R.C. 2907.03 - Sexual battery
- R.C. 2907.04 - Corruption of a minor
- R.C. 2907.05 - Gross sexual imposition
- R.C. 2907.06 - Sexual imposition
- R.C. 2907.07 - Importuning
- R.C. 2907.08 - Voyeurism
- R.C. 2907.09 - Public indecency
- R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.25 - Prostitution
- R.C. 2907.31 - Disseminating matter harmful to juveniles
- R.C. 2907.32 - Pandering obscenity
- R.C. 2907.321 - Pandering obscenity involving a minor
- R.C. 2907.322 - Pandering sexually oriented matter involving a minor
- R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

- R.C. 2909.02 - Aggravated arson
- R.C. 2909.22 - Soliciting or providing support for act of terrorism
- R.C. 2909.23 - Making terroristic threat
- R.C. 2909.24 - Terrorism
- R.C. 2909.03 - Arson

Robbery and Burglary

- R.C. 2911.01 - Aggravated robbery
- R.C. 2911.02 - Robbery
- R.C. 2911.11 - Aggravated burglary
- R.C. 2911.12 - Burglary

Theft and Fraud

- R.C. 2913.02 - Theft; aggravated theft
- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession or sale of unauthorized cable television device

- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications
- R.C. 2913.11 - Passing bad checks
- R.C. 2913.21 - Misuse of credit cards
- R.C. 2913.31 - Forgery; identification card
- R.C. 2913.32 - Criminal simulation
- R.C. 2913.40 - Medicaid fraud
- R.C. 2913.41 - Prima facie evidence of purpose to defraud
- R.C. 2913.42 - Tampering with records
- R.C. 2913.43 - Securing writings by deception
- R.C. 2913.44 - Personating an officer
- R.C. 2913.441 - Law Enforcement emblem display
- R.C. 2913.45 - Defrauding creditors
- R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
- R.C. 2913.47 - Insurance fraud
- R.C. 2913.48 - Worker's compensation fraud
- R.C. 2913.49 - Identity fraud

Offenses against the family

- R.C. 2919.12 - Unlawful abortion
- R.C. 2919.22 - Endangering children
- R.C. 2919.23 - Interference with custody
- R.C. 2919.24 - Contributing to unruliness or delinquency of a child
- R.C. 2919.25 - Domestic violence

Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification

Weapons control

- R.C. 2923.12 - Carrying a concealed weapon
- R.C. 2923.13 - Having a weapon while under disability
- R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
- R.C. 2923.01 - Conspiracy
- R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A) (9)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A) (9)

Drug offenses

- R.C. 2925.02 - Corrupting another with drugs
- R.C. 2925.03 - Trafficking in drugs
- R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
- R.C. 2925.05 - Funding of drug or marijuana trafficking
- R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
- R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

- R.C. 959.13 - Cruelty to animals
- R.C. 2905.11 - Extortion
- R.C. 3716.11 - Placing harmful objects in food or confection
- R.C. 2909.04 - Disrupting public services
- R.C. 2909.05 - Vandalism
- R.C. 2917.01 - Inciting to violence
- R.C. 2917.02 - Aggravated riot
- R.C. 2917.03 - Riot
- R.C. 2917.31 - Inducing panic
- R.C. 2921.03 - Intimidation
- R.C. 2921.34 - Escape
- R.C. 2921.35 - Aiding escape or resistance to authority
- R.C. 2927.12 - Ethnic intimidation
- R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs - OVI. (A second violation within five years of the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Ohio Department of Job and Family Services

Household Adult

Request for Child Abuse and Neglect Report Information

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordance with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

Child Care Provider Information *(please print)*

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CDJFS to determine if you can provide safe and healthy care for children.

Full Name of Child Care Provider * (Last name, First name, Middle name or initial)	Maiden Name, Previous Name or alias (if applicable)	Date of Birth		
Home Address of Provider	City State Zip Code	Social Security Number*		
Provider Vendor#	Provider Type B - Limited or Professional?			
Signature of the Provider		Date of Signature		
Full Name of Emergency Caregiver	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
N/A	N/A	N/A		
Home Address of Emergency Caregiver		Social Security Number*		
N/A		N/A		
Signature of Emergency Caregiver		Date of Signature		
N/A		N/A		
Full Name of Other Household Adult	Maiden Name, Previous Name or Alias (if applicable)	Date of Birth		
Home Address of Other Household Adult	City State Zip Code	Social Security Number*		
Signature of the Other Household Adult		Date of Signature		
Full Name of ALL Children: Biological and Step Children; Living or Deceased; Whether or not they live with you.				
Full Name	Date of Birth	Social Security Number*	Signature (if applicable)	Date of Signature

Ohio Department of Job and Family Services

Household Adult

Request for Child Abuse and Neglect Report Information

IDENTIFICATION FROM THE CDJFS REQUESTING INFORMATION <i>(please print)</i>		
Name of County Staff Donna Fahy, WPS	County Agency Name Franklin County Job and Family Services	Date Sent to PCSA
Signature of County Staff Donna Fahy, WPS		Telephone Number (614) 233-2501
Address of County Staff (form will be returned to this address) 345 East 5th Ave. Columbus, Oh 43201		E-mail Address wdmffb@cdjfs.franklincountyohio.gov
INFORMATION FROM PCSA REVIEWER <i>(please print)</i>		
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to County Staff

*The social security number will be used only for purposes of administering the state's publicly funded child care program. The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social security number. The verification must be kept in the case file, do not attach social security number verification information with this form.

**Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.

STATEMENT OF NONCONVICTION FOR TYPE B HOMES AND IN-HOME AIDES

This statement must be signed by every: certified type B home provider, emergency and substitute caregivers and all persons 18 years of age and older who reside in a type B home. This statement must be kept on file at the home or County Department of Job and Family Services (CDJFS).

Name (please print or type)			
<input type="checkbox"/>	I hereby attest that I have never been convicted of or pleaded guilty to crimes set forth in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code and that no child has been removed from my home as described in section 2151.353 of the Revised Code.		
Signature of Person Completing Form			Date
Street Address			
City	State	Zip Code	Telephone Number
<input type="checkbox"/>	I am unable to sign the statement above because I have had a child removed from my home as described in section 2151.353 of the Revised Code.		
<input type="checkbox"/>	I am unable to sign the statement above because I have been convicted of a crime included in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.		
<input type="checkbox"/>	I have reviewed the rehabilitation requirements of rule 5101:2-14-11 of the Administrative Code, and have determined that person named above meets the rehabilitation requirements. The attached documents verify that the requirements for rehabilitation have been met.		
CDJFS Worker Signature			Date

Note: Anyone who withholds information from, or falsifies information on this statement is guilty of falsification, a misdemeanor of the first degree. If the offender is an a type B home provider or an in home aide the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification. If the offender is an employee of a center or type A home, or is a person eighteen years of age or older who resides in a type A or type B home or is an emergency or substitute caregiver, and if the owner or licensee had knowledge of, and acquiesced in the commission of the offense, the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification.

Note: effective June 1, 2008 all civilian background checks must be submitted electronically through use of WebCheck or other approved methods. More information can be found at: www.webcheck.ag.state.oh.us.

The county child care worker for the type B home or in-home aide is required to sign and date below verifying that fingerprints have been electronically submitted to the Ohio Bureau of Criminal Identification and Investigation (BCII), or mailed if electronic processing exemption criteria are met.

A criminal records check for the above named individual was requested on (date) _____

☐ Ohio BCII records check ☐ Federal Bureau of Investigation (FBI) records check (please check)

Signature of CDJFS worker	Date
<p>The certified provider of a type B home must sign the following statement: I hereby attest that no one who resides in my home and who is under eighteen years of age has been adjudicated a delinquent child for committing a violation of any offense listed in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.</p>	
Signature	Date

▼ TO BE SIGNED BY THE COUNTY CHILD CARE WORKER

I have reviewed the results of this person's criminal records check on the following dates: _____ Ohio BCII records check, _____ FBI records check. Section 109.572 (A) of the Revised Code requires the results of these records checks to be reviewed and approved by the CDJFS worker prior to certification of the type B home or in-home aide.

Signature of CDJFS worker	Date
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This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Prohibited Offenses

Homicide

- R.C. 2903.01 - Aggravated murder
- R.C. 2903.02 - Murder
- R.C. 2903.03 - Voluntary manslaughter
- R.C. 2903.04 - Involuntary manslaughter

Assault

- R.C. 2903.11 - Felonious assault
- R.C. 2903.12 - Aggravated assault
- R.C. 2903.13 - Assault
- R.C. 2903.16 - Failing to provide for a functionally impaired person

Menacing

- R.C. 2903.15 - Permitting child abuse
- R.C. 2903.21 - Aggravated menacing
- R.C. 2903.211 - Menacing by stalking
- R.C. 2903.22 - Menacing

Patient abuse and neglect

- R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues

- R.C. 2905.01 - Kidnapping
- R.C. 2905.02 - Abduction
- R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
- R.C. 2905.05 - Criminal child enticement

Sex offenses

- R.C. 2907.02 - Rape
- R.C. 2907.03 - Sexual battery
- R.C. 2907.04 - Corruption of a minor
- R.C. 2907.05 - Gross sexual imposition
- R.C. 2907.06 - Sexual imposition
- R.C. 2907.07 - Importuning
- R.C. 2907.08 - Voyeurism
- R.C. 2907.09 - Public indecency
- R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.25 - Prostitution
- R.C. 2907.31 - Disseminating matter harmful to juveniles
- R.C. 2907.32 - Pandering obscenity
- R.C. 2907.321 - Pandering obscenity involving a minor
- R.C. 2907.322 - Pandering sexually oriented matter involving a minor
- R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

- R.C. 2909.02 - Aggravated arson
- R.C. 2909.22 - Soliciting or providing support for act of terrorism
- R.C. 2909.23 - Making terroristic threat
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- R.C. 2909.03 - Arson

Robbery and Burglary

- R.C. 2911.01 - Aggravated robbery
- R.C. 2911.02 - Robbery
- R.C. 2911.11 - Aggravated burglary
- R.C. 2911.12 - Burglary

Theft and Fraud

- R.C. 2913.02 - Theft; aggravated theft
- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession or sale of unauthorized cable television device

- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications
- R.C. 2913.11 - Passing bad checks
- R.C. 2913.21 - Misuse of credit cards
- R.C. 2913.31 - Forgery; identification card
- R.C. 2913.32 - Criminal simulation
- R.C. 2913.40 - Medicaid fraud
- R.C. 2913.41 - Prima facie evidence of purpose to defraud
- R.C. 2913.42 - Tampering with records
- R.C. 2913.43 - Securing writings by deception
- R.C. 2913.44 - Personating an officer
- R.C. 2913.441 - Law Enforcement emblem display
- R.C. 2913.45 - Defrauding creditors
- R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
- R.C. 2913.47 - Insurance fraud
- R.C. 2913.48 - Worker's compensation fraud
- R.C. 2913.49 - Identity fraud

Offenses against the family

- R.C. 2919.12 - Unlawful abortion
- R.C. 2919.22 - Endangering children
- R.C. 2919.23 - Interference with custody
- R.C. 2919.24 - Contributing to unruliness or delinquency of a child
- R.C. 2919.25 - Domestic violence

Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification

Weapons control

- R.C. 2923.12 - Carrying a concealed weapon
- R.C. 2923.13 - Having a weapon while under disability
- R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
- R.C. 2923.01 - Conspiracy
- R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A) (9)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A) (9)

Drug offenses

- R.C. 2925.02 - Corrupting another with drugs
- R.C. 2925.03 - Trafficking in drugs
- R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
- R.C. 2925.05 - Funding of drug or marijuana trafficking
- R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
- R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

- R.C. 959.13 - Cruelty to animals
- R.C. 2905.11 - Extortion
- R.C. 3716.11 - Placing harmful objects in food or confection
- R.C. 2909.04 - Disrupting public services
- R.C. 2909.05 - Vandalism
- R.C. 2917.01 - Inciting to violence
- R.C. 2917.02 - Aggravated riot
- R.C. 2917.03 - Riot
- R.C. 2917.31 - Inducing panic
- R.C. 2921.03 - Intimidation
- R.C. 2921.34 - Escape
- R.C. 2921.35 - Aiding escape or resistance to authority
- R.C. 2927.12 - Ethnic intimidation
- R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs - OVI. (A second violation within five years of the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Ohio Department of Job and Family Services
**MEDICAL STATEMENT FOR TYPE B HOME
AND IN-HOME AIDE CHILD CARE PROVIDERS**

To the physician, physician's assistant (PA), advanced practice nurse (APN), certified nurse midwife (CNM) or certified nurse practitioner (CNP): The completion of the form is required before this applicant can be certified as an in-home provider for child care services. Child care services includes the full time or part time care of up to six children ages birth to thirteen years.

All sections of this form must be completed.

Name of Child Care Provider		Date of Birth	
Street Address			
City		State	Zip Code
Date of Exam			

This is to certify that I have examined the above named person who I have found:

- ☐ Yes ☐ No Is free from communicable disease.
- ☐ Yes ☐ No Has been immunized against measles and mumps, or was born before December 31, 1956 and has a disease history of measles and mumps, or is exempt from this requirement for medical or religious reasons. If exempt, please explain:
- ☐ Yes ☐ No Has been immunized against rubella, or has a laboratory test demonstrating detectable rubella antibodies, or is exempt from this requirement for medical or religious reasons. If exempt, please explain:
- ☐ Yes ☐ No Is free from tuberculosis as verified by a current TB test: _____ (date).
- ☐ Yes ☐ No Has been immunized against Tetanus and Diphtheria or is exempt from this requirement for medical or religious reasons. (At the time the next booster for Tetanus and Diphtheria is due, the provider or in-home aide must also be immunized against Pertussis.) (Tdap) If exempt, please explain:
- ☐ Yes ☐ No Is free from any known physical or mental health problems which might interfere with the safety or health of children, or might prohibit this individual from providing adequate care for a group of young children in a home setting. If not, please explain:

Printed name of Physician, PA, APN, CNM or CNP		Telephone Number	
Street Address			
City		State	Zip Code
Signature of the examining Physician, PA, APN, CNM or CNP			

This prescribed form is used to meet the requirements of Chapter 5101:2-14 of the Ohio Administrative Code.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



Commissioners

Paula Brooks, President

Marilyn Brown

John O'Grady

Department of Job and Family Services

David E. Migliore, Director

North Community Opportunity Center

Patricia Ross, Center Director

Consent to Release Information

For the purposes of my certification, and as long as I remain certified as a Type B child care provider with the Franklin County Department of Job and Family Services, I hereby authorize the Child Care Certification Unit to disclose, release and share any and all information pertinent to myself and/or my child care business to the entities listed below. By signing this Release, I also hereby authorize these entities to disclose, release and share with the Child Care Certification Unit any and all information and records which have been maintained in their normal course of business.

1. References listed on application.
2. Police Department.
3. Fire Department.
4. Applicant's County Children's Services Agency.
5. Physician/Nurse Practitioner noted on provider medical form.
6. Present and former employers
7. Action for Children.
8. Children's Hunger Alliance.
9. Child Development Council.
10. Landlord/Owner of property where care will be provided.
11. Foster Agency: _____ Address: _____
Phone#: _____ Contact Name: _____
12. Other _____

I understand that any information that is disclosed, released, and shared between the Child Care Certification Unit and such entities must otherwise remain confidential as required by law in regards to non-specified individuals or entities.

I further understand that upon termination of my contract, the Child Care Certification Unit may inform any of the above entities of this action, and indicate whether the action was self or agency initiated.

Signature: _____
Date: _____

LIMITED CERTIFIED PROVIDERS WEEKLY REIMBURSEMENT RATES

Effective: August 23, 2009

Parent / Provider Inspected Rates:

	Infant 0 – 18 mos.	Toddler 18 mo. – 3 yr.	Preschool 3 yr. – entry to K	School Age K – 13 yr.	Summer School Age K – 13 yr.
Full Time Week (25 + hr/wk)	\$73.21	\$91.31	\$72.92	\$59.81	\$73.52
Part Time Week (7 – 24.9 hr/wk)	\$63.88	\$57.61	\$57.05	\$42.57	\$58.99
Hourly (Under 7 hr/wk)	\$3.10	\$2.93	\$3.08	\$3.64	\$3.65
Hourly OT (Over 50 hr/wk)	\$3.10	\$2.93	\$3.08	\$3.64	\$3.65

Agency Inspected Rates:

	Infant 0 – 18 mos.	Toddler 18 mo. – 3 yr.	Preschool 3 yr. – entry to K	School Age K – 13 yr.	Summer School Age K – 13 yr.
Full Time Week (25 + hr/wk)	\$91.52	\$114.14	\$91.16	\$74.76	\$91.90
Part Time Week (7 – 24.9 hr/wk)	\$79.85	\$72.02	\$71.31	\$53.21	\$73.74
Hourly (Under 7 hr/wk)	\$3.88	\$3.66	\$3.85	\$4.55	\$4.56
Hourly OT (Over 50 hr/wk)	\$3.88	\$3.66	\$3.85	\$4.55	\$4.56

Full time means 25 – 50 hours of care per week.

Part time means 7 – 24.9 hours of care per week.

Hourly rates will be paid for those hours of care over 50 per week and for care under 6.9 hours per week.

Agency Inspected means:

- An annual home inspection is conducted by certification specialist.
- Provider has met minimal requirements to participate in the USDA food program.

Parent / Provider Inspected means:

- Home inspection is conducted by the parent and provider.
- Provider is not eligible to participate in the USDA food program.

Please carefully choose whether you wish your home to be Agency Inspected (AI) or Parent / Provider Inspected (PPI). You will be asked to wait until your annual renewal to make changes.

Parent / Provider Limited Certified Rate Sheet

Provider's Name: _____
 Address: _____
 City, State, Zip Code: _____
 Phone Number: _____ Date: _____

Does the child / children in your care have any identified special needs? Yes _____ No _____

What days is/are the child/children in your care? Mon Tue Wed Thurs Fri Sat Sun

What time is/are the child/children in your care? _____

*** Please see the reverse side of this form for important information re: completing this form ***

IF YOU HAD TO SET YOUR OWN RATES OF PAY, WHAT WOULD THOSE RATES BE?

YOU MUST ENTER A RATE IN EACH SPACE UNDER "YOUR CHOSEN RATE". DO NOT LEAVE ANY SPACE BLANK!

Full-time week: >25 hrs/wk Part-time week: 7 – 24.9 hrs/wk; Hourly: Under 7 hrs/wk

		State Ceiling	State Ceiling + 15%	Your Chosen Rate
Infant	Full-time Week	\$73.21	\$84.19	
Toddler	Full-time Week	\$91.31	\$105.00	
Pre-School	Full-time Week	\$72.92	\$83.86	
School Age	Full-time Week	\$59.81	\$68.78	
Summer School Age	Full-time Week	\$73.52	\$84.55	
Infant	Part-time Week	\$63.88	\$73.46	
Toddler	Part-time Week	\$57.61	\$66.25	
Pre-School	Part-time Week	\$57.05	\$65.61	
School Age	Part-time Week	\$42.57	\$48.95	
Summer School Age	Part-time Week	\$58.99	\$67.84	
Infant	Hourly	\$3.10	\$3.56	
Toddler	Hourly	\$2.93	\$3.37	
Pre-School	Hourly	\$3.08	\$3.54	
School Age	Hourly	\$3.64	\$4.19	
Summer School Age	Hourly	\$3.65	\$4.20	

**** Please note that even though you are being asked to submit chosen rates, State law prohibits Limited Certified providers from providing care to any children NOT authorized by the County.**

Providers who provide care in the following three (3) situations shall be reimbursed an additional five percent (5%) amount above the provider's reimbursement rate. The additional 5% amount for each situation, up to a total of 15%, shall be paid if the provider meets the requirement:

1. Care is provided to a child with documented special needs. The extra 5% only applies to this specific special needs child.
2. Care is provided to a child whose parent works non-traditional hours. Non-traditional hours are defined as between 7:00 p.m. and 6:00 a.m. on weekdays, and between 6:00 a.m. Saturday and 6:00 a.m. Monday. The extra 5% only applies to this specific child.
3. Providers who have attained accreditation. The extra 5% applies to all children in care. Acceptable accreditations are limited to:
 - National association for the Education of Young Children (NAEYC)
 - National early childhood program accreditation (NECPA)
 - National accreditation commission for early care and education programs (NAC) managed by the national association of child care providers (NACCP)
 - National association for family child care (NAFCC)
 - National after school association (NAA)

A provider cannot receive any of the 5% incremental increases unless the sum of their chosen rate and the additional 5% is equal to, or less than, the provider's chosen rate.

Chosen rate: The rate that the provider would charge if they were offering child care services to non-subsidized customers rather than just to the County.

Basic rate: The base rate on the contract that the County agrees to pay before any of the 5% options have been added. This cannot be higher than the State mandated market rate.

On the reverse side is a chart that details what the State mandated market rates are for Parent / Provider Inspected (PPI) Limited Certified providers, and indicates also what the provider's chosen rate would need to be in order for them to have the potential to bill for all three of the 5% increments described in the enclosed letter. Please enter your chosen rate in the designated columns.

BCI&I & FBI – WEB CHECK FINGER PRINTING
FOR FCDJFS CHILD CARE CERTIFICATION
LIMITED AND PROFESSIONAL CERTIFICATION PROCESSES

1. WHO NEEDS TO HAVE THEIR FINGER PRINTS SCANNED?

- The PROVIDER CANDIDATE, ALL HOUSEHOLD ADULTS 18 YEARS OF AGE OR OLDER, AND YOUR EMERGENCY / SUBSTITUTE CAREGIVER (Emergency/Substitute Caregivers are for **professional** certification only).

2. WHERE DO I HAVE THE RESULT LETTERS SENT TO?

- Mail Background Check Results to:

FCDJFS / CERTIFICATION UNIT
345 E. 5th AVE.
COLUMBUS, OH 43201-2819

3. WHERE CAN I HAVE MY FINGER PRINTS SCANNED?

- You can have your finger prints scanned at the following locations:
 - **ACTION FOR CHILDREN**
78 Jefferson Ave. Columbus, OH 43215
Ph# 224-0222
Tuesday, Wednesday, & Thursday – 12:30 p.m. to 4:15 p.m. only
Must bring photo ID
Cash only – in the exact amount (change is not available)
BCI&I Web Check -- \$22.00
FBI Web Check -- \$30.00
FBI & BCI&I Web Check -- \$52.00
 - **CHILDREN'S HUNGER ALLIANCE**
370 S. 5th St. Columbus, OH 43215
Ph# 341-7700
Tuesday, Wednesday, & Thursday – 9:00 a.m. to 1:45 p.m.
Must bring photo ID
Cash or Money Order made payable to: Children's Hunger Alliance
BCI&I Web Check -- \$22.00
 - **COLUMBUS POLICE DEPARTMENT**
120 Marconi Blvd. Columbus, OH 43215 – 2nd Floor
Ph# 645-4696
Monday – Friday – 8:00 a.m. to 4:00 p.m.
Must bring photo ID
Cash or personal check, made payable to: City Treasurer / Police

OVER

COLUMBUS POLICE DEPARTMENT CONTINUED:

BCI&I Web Check -- \$32.00

FBI Web Check -- \$34.00

FBI & BCI&I Web Check -- \$56.00

○ **FRANKLIN COUNTY SHERIFF'S OFFICE PHOTO LAB**

410 S. High St. Columbus, OH 43215

Ph# 462-5090

Monday – Friday – 9:00 a.m. to 2:00 p.m.

Must bring photo ID

Cash or Money Order **ONLY**

BCI&I Web Check -- \$30.00

FBI & BCI&I Web Check -- \$60.00

**PLEASE TAKE THIS PAPER WITH YOU WHEN
YOU GO TO HAVE YOUR FINGERPRINTS
SCANNED SO THE AGENT WILL KNOW
EXACTLY WHERE TO SEND THE RESULTS.
THANK YOU.**